



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, DC

JUN 07 2000

MEMORANDUM FOR: A1 MAJCOM/SGD

FROM: HQ USAF/SGD
110 Luke Avenue, Room 400
Bolling AFB, DC 20332-7050

SUBJECT: Directive Allowing Active Duty Air Force TRICARE Prime Remote (TPR)
Enrollees to Receive Civilian Periodic Dental Examinations

Active duty Air Force personnel enrolled in the TPR program in the 50 United States are hereby authorized to receive Air Force Dental Readiness Assurance Program (AFDRAP) periodic dental examinations from a civilian provider. However, "Special Duty" personnel must receive approval from their Flight Surgeon Primary Care Manager prior to receiving civilian medical and dental care, except in emergency situations. Additionally, TPR enrollees have the option to continue receiving periodic dental examinations through Veteran's Administration (VA) facilities, if an agreement exists.

Dental Commanders must ensure AFDRAP monitors and staff are apprised of the new directive. TPR enrollees receiving civilian or VA periodic dental examinations will forward a DD Form 2813, Department of Defense Reserve Forces Dental Examination form, to the supporting base after completion of the periodic dental examination. Although originally intended for reservists, this form is also approved for active duty personnel. A dental officer must evaluate all DD Forms 2813 received and assign the appropriate dental readiness classification. All TPR enrollees assigned a class "3" rating will require a thorough military dental treatment facility (DTF) record review (to include x-rays) to confirm classification. Based on review, an evaluation appointment may be scheduled by the host facility. Expenses related to facility-directed evaluations or care will be funded through the servicing facility. AFDRAP monitors or designated personnel should continue to track class "3" personnel to ensure deployment capability.

A sample correspondence memo, that you may find useful in implementing this new TPR option, is attached. The local Finance and/or Military Personnel Flight can assist AFDRAP monitors in directing correspondence to TPR enrollees. Actual process development for this directive is at the discretion of MAJCOMs and DTFs.

This memorandum, the DD Form 2813, and other pertinent information related to this directive, are available on the TPR website at <http://www.tricare.osd.mil/remote>, or the SGD website at <http://sg.www.safx.disa.mil/af dental/index.htm>. If you require further information, please contact MSgt Sharon Duke, HQ USAF/SGMA, DSN 297-4699, or e-mail sharon.duke@usafsg.bolling.af.mil.

GARY H. MURRAY, Brig Gen, USAF, DC
Assistant Surgeon General for Dental Services
Office of the Surgeon General

Attachments:

1. TPR Sample Correspondence Memo
2. DD Form 2813
3. Lt Gen Carlton's Memo, 20 Mar 00, w/Atchs

SAMPLE CORRESPONDENCE

MEMORANDUM FOR TRICARE PRIME REMOTE ACTIVE DUTY AIR FORCE
ENROLLEES

FROM: 11th Medical Group/SGD
238 Brookley Avenue
Bolling AFB, DC 20332-0701

SUBJECT: Periodic Dental Examination

The enclosed Report on Individual Personnel indicates you require a periodic dental examination (Atch 1). AFI 47-101, Managing Air Force Dental Services, Chapter 6.5, requires active duty personnel to receive periodic dental examinations to ensure mission readiness and deployment capability.

For active duty members enrolled in the TRICARE Prime Remote (TPR) program (you live and work 50 or more miles from the closest military dental treatment facility in the 50 United States), HQ USAF/SGD implemented a directive allowing you to receive this examination from your civilian dentist. Please check with your unit to verify your eligibility in the TPR program prior to scheduling or receiving civilian dental care. Additionally, your unit can verify eligibility for some members less than 50 miles from a military dental treatment facility that are in "exception" areas which allow TPR enrollment. "Special Duty" personnel enrolled in the TPR program must receive approval from their Flight Surgeon Primary Care Manager prior to receiving medical or dental treatment (to include periodic dental examinations). Members currently using Veteran's Administration (VA) dental facilities may continue to receive VA care.

TPR enrollees receiving a civilian periodic dental examination and members utilizing VA dental facilities must have their dentist complete a DD Form 2813, Department of Defense Reserve Forces Dental Examination form (Atch 2). Although originally intended for reservists, this form is approved for active duty personnel. The completed DD Form 2813 must be received by the Bolling AFB Dental Squadron with 21 days of the date on this memorandum. Please send the completed form to SSgt Tom Cruise, 11th Medical Group/SGD, 238 Brookley Avenue, Bolling AFB, DC, 20332-0701. Forms may also be faxed to DSN 297-4091 or (202) 767-4091. SSgt Cruise may be reached at (202) 767-5626 or DSN 297-5626 should you have any questions or require further assistance.

Additionally, the DD Form 2813 and pertinent information are located on the TRICARE Prime Remote website at <http://www.tricare.osd.mil/remote> or on the Air Force dental website at <http://sg-www.satx.disa.mil/afdental/index.htm>. Your prompt attention to this matter is greatly appreciated.

THOMAS I. CRUISE, SSgt, USAF
Dental Readiness Assurance Program Monitor

Attachments:

1. Report on Individual Personnel
2. DD Form 2813

**DEPARTMENT OF DEFENSE
RESERVE FORCES DENTAL EXAMINATION**

*Form Approved
OMB No. 0720-0022
Expires Dec 31, 2002*

The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0720-0022), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 105-85, Sec. 765; DoD Directive 6490.2; E.O. 9397.

ROUTINE USE(S): None.

PRINCIPAL PURPOSE(S): An assessment by a dentist of the state of your dental health for the next 12 months is needed to determine your fitness for prolonged duty without ready access to dental care.

DISCLOSURE: Voluntary; however, failure to provide the information may result in delays in assessing your dental health needs for military service.

1. SERVICE MEMBER'S NAME (Last, First, Middle Initial)	2. SOCIAL SECURITY NUMBER	3. BRANCH OF SERVICE
4. UNIT OF ASSIGNMENT	5. UNIT ADDRESS	

6. EXAMINATION RESULTS

Dear Doctor,

The individual you are examining is a Guard/Reserve member of the United States Armed Forces. This member needs your assessment of his/her dental health for worldwide duty. **Please mark (X) the block that best describes the condition of the member, using as a suggested minimum a clinical examination with mirror and probe, and bite wing radiographs. This form is meant to determine fitness for prolonged duty without ready access to dental care and is not intended to address the member's comprehensive dental needs.**

<input type="checkbox"/>	(1) Patient has good oral health and is not expected to require dental treatment or reevaluation for 12 months.
<input type="checkbox"/>	(2) Patient has some oral conditions, but you <u>do not</u> expect these conditions to result in dental emergencies within 12 months if not treated (i.e., requires prophylaxis, asymptomatic caries with minimal extension into dentin, edentulous areas not requiring immediate prosthetic treatment).
<input type="checkbox"/>	(3) Patient has oral conditions that you <u>do</u> expect to result in dental emergencies within 12 months if not treated. Examples of such conditions are: (X the applicable block or specify in the space provided)
<input type="checkbox"/>	(a) Infections: Acute oral infections, pulpal or periapical pathology, chronic oral infections, or other pathologic lesions and lesions requiring biopsy or awaiting biopsy report.
<input type="checkbox"/>	(b) Caries/Restorations: Dental caries or fractures with moderate or advanced extension into dentin; defective restorations or temporary restorations that patients cannot maintain for 12 months.
<input type="checkbox"/>	(c) Missing Teeth: Edentulous areas requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.
<input type="checkbox"/>	(d) Periodontal Conditions: Acute gingivitis or pericoronitis, active moderate to advanced periodontitis, periodontal abscess, progressive mucogingival condition, moderate to heavy subgingival calculus, or periodontal manifestations of systemic disease or hormonal disturbances.
<input type="checkbox"/>	(e) Oral Surgery: Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.
<input type="checkbox"/>	(f) Other: Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.

(4) If you selected Block (3) above, please circle the condition(s) you identified in this patient if they appear above, or briefly describe the condition(s) below:

(5) Were X-rays consulted?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE X-RAY WAS TAKEN (YYYYMMDD)
7. DENTIST'S NAME (Last, First, Middle Initial)		8. DENTIST'S ADDRESS (Include ZIP Code)
9. DENTIST'S TELEPHONE NUMBER (Include Area Code)		
10. DENTIST'S SIGNATURE		11. DATE OF EXAMINATION (YYYYMMDD)



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WASHINGTON, DC

MAR 20 2000

MEMORANDUM FOR SEE DISTRIBUTION

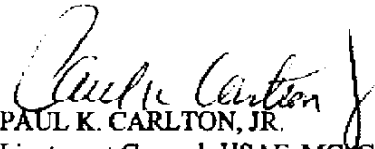
FROM: HQ USAF/SG
110 Luke Avenue, Room 400
Bolling AFB, DC 20332-7050

SUBJECT: TRICARE Prime Remote (TPR) Program and Special Duty Personnel

TRICARE Prime Remote was activated on 1 October 1999. This program extends the Prime benefit to Active Duty Service Members assigned to Geographically Separated Units (GSU) living and working over 50 miles from a Medical Treatment Facility (MTF). The goal is to allow GSU personnel to receive care in their local area, thereby limiting lost duty time while providing consistent and quality primary health care. However, the requirement to enroll GSU personnel to TPR conflicted with medical oversight of special duty personnel. As a result, the attached policy has been developed to better meet our GSU population's health care needs while ensuring mission safety is maintained.

This new policy allows special duty personnel assigned to a GSU to obtain routine acute care in their local community while assigned to a flight surgeon Primary Care Manager. In most cases, the GSU special duty member will obtain care in their local area. Flight surgeons will monitor all care provided to ensure AFI 11-401, Flight Management, requirements are met. In some cases, if there are concerns about fitness for continued military or special duty which cannot be handled remotely, special duty personnel will travel to an MTF for further evaluation or treatment. Additionally, the GSU special duty member will travel to the MTF for their annual Preventive Health Assessment.

My point of contact for the Special Duty Program is Lt Col Susan Northrup, AFMOA/SGOA, 110 Luke Avenue, Room 405, Bolling AFB, DC 20332-7050 at DSN 297-4200. For more information concerning the TPR program, contact Maj Diane Reese, Health Benefits and Policy Division, HQ USAF/SGMA, 110 Luke Avenue, Room 400, Bolling AFB, DC 20332-7050 at DSN 297-4699.


PAUL K. CARLTON, JR.
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachment:
TPR Guidance

cc:
TRICARE Management Agency
Military Medical Support Office
HQ AFIA/SGP
311 HSW/CC

DISTRIBUTION LIST:

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TRICARE Prime Remote (TPR) Policy

Per AF Policy Directive 48-1, Aerospace Medical Program, the ability of the Air Force to conduct effective and sustained combat operations depends largely on the physical and mental health of its personnel. This is of particular importance for personnel in Special Duty positions. Therefore, the following policy will help facilitate the interaction of convenient health care with the overarching importance of close evaluation of our Special Duty personnel.

All personnel who require an AF Form 1042, Recommendation for Aeromedical Disposition, to perform their duties will be assigned to a Flight Surgeon Primary Care Manager (PCM). This should be at the closest medical treatment facility (MTF). Please refer to AFI 41-101, Obtaining Alternative Medical and Dental Care, Attachment 2, for the designated MTF area of responsibility for TPRs. Any Active Duty Service Member (ADSM) who is currently performing in a Special Duty position (flyers, controllers, etc.) will need to enroll to a Flight Surgeon PCM to retain their flying/controlling status. The annual Preventive Health Assessment must be performed at the closest MTF.

For the management of acute illnesses, Flight Surgeons must be contacted at the same time civilian care is scheduled. The Flight Surgeon will place the member in Duties Not to Include Flying (DNIF) status and reiterate documentation requirements prior to Return to Flying Status (RTFS). If the PCM cannot be reached within two hours, the ADSM may obtain the necessary care and provide pertinent information to the PCM for a retrospective review. The ADSM must place themselves in a DNIF status and inform their squadron. Per AFI 11-401, Flight Management, paragraph 1.10.1, a person may not perform duties in Air Force aircraft unless specifically authorized and physically and physiologically qualified. Failure to remove themselves from special duty status may be subject to administrative and/or military justice action. If there is a question of fitness for duty or possible admission, the member may be required to obtain subsequent care in the military system. The MTF TRICARE Flight Commander should be consulted in these cases.

Following emergency treatment, the members must contact their PCM as soon as possible after obtaining care. If the ADSM was admitted to an inpatient facility, the case should be evaluated for transfer to the MTF.

If the ADSM is not currently performing special duties they may enroll in TPR. For example, a pilot who is assigned as an ROTC instructor and is not currently flying may enroll in TPR. To maintain flight pay, copies of all medical care entries must be forwarded to the supporting flight medicine office. In addition, annual Preventive Health Assessments appropriate for the individual's AFSC must still be accomplished prior to the end of the ADSM's birth month at the closest MTF. ADSMs failing to meet physical exam requirements will be placed in a DNIF Status and forfeit flight pay.

The Flight Surgeon will follow local procedures for civilian health care by a TRICARE Prime enrollee. The member will be notified that they cannot perform flying/controlling/jumping/alert (DNIF/DNIC/DNU/DNIA) duties until they report back what care was provided. A point of contact in the Aerospace Medicine Clinic should be identified to ensure this process is well managed and accessible 24 hours a day. Once the Flight Surgeon evaluates the care provided, the member may be returned to flying/controlling status remotely. Copies of all AF Forms 1042 will be faxed to the member's unit the same day they are executed.

The key to success will be the *active participation of the Flight Surgeon*. Requiring special duty personnel to enroll to a military PCM must not be perceived as an administrative nuisance, and whenever appropriate, local civilian care must be permitted. Special duty personnel must understand that they remain in the military system to ensure medical oversight for aviation safety and fitness for duty determinations. Periodic visits to the Geographical Separated Unit (GSU), clear and consistent guidance, and prompt fitness for duty determinations will be essential. All personnel in the Flight Surgeon's office must understand this program and must actively serve these remote units.

Exceptions to this policy will be entertained on a case-by-case basis. Packages must have MAJCOM concurrence. My point of contact for the Special Duty Program is Lt Col Susan Northrup, AFMOA/SGOA, 110 Luke Avenue, Room 405, Bolling AFB, DC 20332-7050 at DSN 297-4200. For more information concerning the TPR program, contact Maj Diane Reese, Health Benefits and Policy Division, HQ USAF/SGMA, 110 Luke Avenue, Room 400, Bolling AFB, DC 20332-7050 at DSN 297-4699. Please contact them with any questions or concerns you may have with this guidance.